(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, definite salary), may be entered as Housewife, Houselaborer, Form loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on without more precise specification as Doy (b) Automobile factory. The material not gainfully em-(6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of occident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. approved by Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Committee on Chronic valvular heart Nomenclature of the The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

County arm arundal

95-6

23

STATE OF MARYLAND CERTIFICATE OF DEATH

7'00 00	Registration Dist. No. 22
Village or Cipullersvalle (No	St.: Ward) (If death occurred i a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemah White Word)	16 DATE OF DEATH March (Month) (Day) (Year)
6 DATE OF BIRTH Octobre 12, 1926 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to TIME 192 that I last saw h alive on March 6 , 192
7 AGE Syrs. 5 mos. ds. lf LESS that l day hrs. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Dird si Convulsions and brake Heart (Duration) yes Impanis de
9 BIRTHPLACE (State or country) Prime Groups 60 10 NAME OF FATHER PORTES Allew 11 BIRTHPLACE OF FATHER (State or country) Woobtawable 12 MAIDEN NAME OF MOTHER (State or Country) Wooblawable 13 BIRTHPLACE OF MOTHER (State or Country) Wooblawable 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed) DESCENDO ASSAULY GOUNDE M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) Mary 6 NOGES (Address) Mallersvill 15 File Mar 6 1921 J. L. Jones Dean Tean Registrar	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL March 8, 193 20 UNDERTAKER ADDRESS Ritchil Bros Ritchilmu

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, whatever, write Nonc. r," etc., report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The materia (a) the kind of work and also (b) the person, irrespective of (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," telanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. approved as fracture of skull, and consequences (e.g., sepsis, earbolic acid—probably suicide. The nature of the injury, Examples: Aecidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association. (Recommendations on statement of cause of .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronehopneumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature eough; ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic etc. valvular heart The contributory Always qualify all discase, of the

If this certificate is looked over the light and all questions answered in detail, it will preven that correspondence. All the data is essential and must be solutined before the certificate is permanently fied

UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-upplied. AGE should be stated ENACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INA TILLS AS A CTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.-WRITE PLAINLY, WI

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 62824
1. PLACE OF DEATH	(31)
County le le lo	Registration Dist. No. 21
Village or City lampparole, ma	C - No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mostha leng	eison.
(a) Residence: No. Camp Care (Upal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (gwite the word)	21. DATE OF DEATH March 20 (Oay) (Year)
4. If married, widowed, or divorced HUSBANO of (or) WIFE of Camedinal Married (month, day, and yeer) 3/26/1863	22. MIHEREBY CERTIFY. That I attended deceased from 1930, to March 20, 1931 last saw h. e. alive on March 19, 19.3/; deeth is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 9 33 m.
67 11 24 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Z 8. Trade, profession, or particular	Myo Cardeles & Il chinks Max,
O Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	Chronic myoconditie: several years; /hund
work was done, es SILK MILL, SAW MILL, BANK, etc	Chronic nephrities several years duration
10. Date deceased last worked at this occupation (month and year)	ew g.c.
landt un	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) May Central	
13. NAME Unlanger	
13. NAME Undanger 14. BIRTHPLACE (city or town) Unfanow.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel couses (VIDL ENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) MANGEN (State or country)	Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT Worther facing (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL March 23, 3/	Manner of injury
19. UNOERTAKER Chao & High fig. (Address) 34 northwest of	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILEBRURAL 21, 1931 Joseph E. J. Ca Me Registrar.	(Signed) Wallon Hoffbung M.D. (Address) Quraftle M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis BURBAU V.	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHE	STATEMENTS	BY	PHYSICIAN
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02825 STATE OF MARYLAND CERTIFICATE OF DEATH

NO.	Reg	istration D	ist. No	24
repor	St.:	Ward)	(If death a hospital tion, give stead of number.)	occurred ir l or institu Its NAME in street and
MEDICA	L CERTIF	FICATE O	F DEATH	1
16 DATE OF DEATH	Ma	rk	4	, 1937
17 I HEREBY	CERTIFY,	That I atte	nded the	(Year)deceased from
that I last saw h	"alive on			, 192
and that death occurre			above, at	m
A. A		-7		
Mar	GAN	nul		
	(Address)	t ker Annoj	loli	
*State the Dis Violent Causes, stat Accidental, Suicidal or	ease Causin te (1) Men r Homicidal.	ng Death, ans of Inj	or, in doury and (eaths from 2) Whether
18 LENGTH OF RESI		or Hospit	als, Institu	itions, Trans
At place of deathyrsmo	sds.	In the State	yrs	mosds
Where was disease contra if not at place of desubi				······································
Former or usual residence		************	**************	v 0 a v v v a u a u a u a 0 0 0 0 0 0 0 0 0 0 0 0 0
20 UNDER JAKER	OR REMOV	2 mg	Merce ADDRESS 1341	A 10193
Alex a. A PI	MI	MA	100	1

No. 1 œ

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesmon, (b) Grocery.

(a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physiciam, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicidc. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature Chronic Example: Measles (disease affection need not be etc. The contributory valvular heort diseose; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exampled CEIVED			Example II		
The principal cause of deat of importance were as follow	and related causes	Date of paset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	PHREAU	S1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUZM	July 5, 1927	Peritonitis	3 days ago	
	\$				
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gollstones		May 1,1923	Gastrocnteritis	1 yeor	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02827
1. PLACE OF DEATH 7	
County	Registration Dist. No. 20
Village or City & how Jon ville	No. St., Ward
Length of residence in city or town where death occurred 25 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Man Con a T	Brinn
(a) Residence: No. A wild of son will s	& Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Narch (Bay) (Year)
5a. If married, widowed, or divorced by HUSBAND of Gory WIFE of Benjamin Brown	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) AZ = 24-12/882	West saw has elive on March 14th 1931; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et A_m.
48 7 2/ 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SALVIER PROFESSIONER,	Date of ones
SAWYER, BOOKKEEPER, etc.	monic windinas 10/30
work was done, as SILK MILL,	nep was
0 0. Date deceased lest worked et this occupation (month and spant in this	
year) occupation	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) / Cary (State or country)	
13. NAME Extract Bung as 1 14. BIRTHPLACE (city or town) - March purish	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Umam Was there an autopsy? No
15. MAIDEN NAME Quina Johnson	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME A and Johnson 16. BIRTHPLACE (city or town) A and and	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Lagor Son Title, Mo	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Variable Date 18 159	Nature of injury
19. UNDERTAKER AND A CONTROL (Address)	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED May 15 , 19 m. Luchter Jacob	(Signed) & Martine 11/06 Ag M.D.
Registrar. If more blanks are needed, address State Registrar.	(Address) A A A A A A A A A A A A A A A A A A

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Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	APR 6 1981	1915	Attock of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	PIPEAU V.	July 5, 1927	Peritonitis	3 days ago	
	Acquirement				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

PLAC	·F	OF	n	F	TH
PLA		UF	U	E.F	ιп

Anne Arundel County



02828

STATE OF MARYLAND

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	R	eg	ist	rat	io	n l	Dis	t.	No.	-	7.

	J		на чения в чений		Registration	Dist. No. 2
Vi	llage or City Crou 2FULL NAME		e State 1 Tom Cha		St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
-	PERSONAL AND	STATISTI	CAL PARTICU	ILARS	MEDICAL CERTIFICATE	OF DEATH
Male black single, widowed widowed widowed. Male black widowed widowed. OR DIVORCED (Write the word)					16 DATE OF DEATH March 24th (Month)	
.6	DATE OF BIRTH	Un kr (Month)	OWN (Day)	., 1.869 (Year)	July 14th 19230 to March	erch 24 , 192 3
7 /	62 yr	s. unkr	10Wn ds.	If LESS than I day hrs. or min.?		
(E	a) Trade, profession of particular kind of work b) General nature of in ousiness, or establishmen which employed or (emp	dustry	aborer		(Durstion) Senility	yrs. 6 mos. de.
9 1	State or country)	Mary	rland		Contributory Secondary	Jakno wanos ds.
S	10 NAME OF FATHER	Will	iam Chaml	bers	Mar. 24 19231 (Address) Grown	sville, Md.
RENTS	OF FATHER (State or country)	Mar	Jland		*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
PARE	12 MAIDEN NAME OF MOTHER	Jan	e Davis		18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	the same of the sa
	13 BIRTHPLACE OF MOTHER (State or Country)	Mar	yland		At place of death yrs. mos. of death St. Where was disease contracted.	te Lifetime de.
14			Records	EDGE ,	if not at place of death? Former or usual residence Montgomery Cou	nty, Md.
	(Informant) (Address)		ille, Mar	ryland	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	Filed \$\\25	1923/	& ON goy	И	20 UNDERTAKER	DDRESS LINE

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

63

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(Approved by U. S. Census and American Public Health Association.)

laborer, or given up on account of the DISLASE CAUSING DEATH, state occupation at beginning of illness. If retired from er," etc., work? on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has peen changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Plunter, Foreman, 6 yrs). especially in industrial employments, it is neces-For many occupations a single word or term or or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Womthat fact may be indicated this; Warmer free without more precise specification as Day For persons who have so occupation (b) Automobile factory. The inateria (a) the kind of work and also (b) the not gainfully em-(b) persons enengineer Grocery,

whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples Condrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia,");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); approved by carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping American Medical Association.) (Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Chronic Example: Measles (disease etc. The contributory affection need valvular Nomenclature Always qualify all heart Measles ; not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V.

V. S. No.

	BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, I	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important. See instructions on back of certificate.
	ACE should b	that it may b	ctions on back
	fully supplied.	plain terms so	ant. See instruct
	should be care	E OF DEATH IL	is very importa
	information	d state CAUS	OCCUPATION
1	Every item or	CIANS shoul	statement of
2002	-	4	

PLACE OF DEATH County Anne Arundel	02829 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21		
Village or City Solley (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 19 1931 (Month) (Day) (Year)		
December ? 1877 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attanded the deceased from		
TAGE 53 yrs. 3 mos. ? ds. or min 6 dccupation (i) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH * was as follows: Lobar pneumonia (Duration) - yrs mos 6 ds.		
9 BIRTHPLAGE (State or country) Washington, D. C. 10 NAME OF FATHER unknown	Contributory Secondary (Duretical years) (Signed) (Signed) Pasadena Md		
U BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
12 MAIDEN NAME 4 OF MOTHER #	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Stateyrsds. — Where was disease contracted,		
(Informant) Georgeana Coates	if not at place of death? Former or usual residence		

If more branks are needed, addrass State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

Isaac Brown

Marley Neck Cemetery

3-22- , 131

Baltimore, Md

ADDRESS

Solley, Md.

(Address)

Filed 3-19

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation. (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY valvular heart disease; Always qualify all The contributory Measles;

If his certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is germanently filed.

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		02830
	PLACE OF DEATH	STATE OF MARYLAND
	County Clime and	CERTIFICATE OF DEATH
	0 0	Registration Dist. No.
Vil	lage or City South Regel (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Juender Collins	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, Midared WIDOWED. OR DIVORGED	16 DATE OF DEATH 3/7/, 1923/
-	(Write the word)	(Month) (Day) (Year)
6 [DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 3-4-31 to 3-2-31, 752
	(Month) (Day) (Yesr)	that I last saw he salive on 3 - 7 - 3 1 , 172
7 A	GE [If LESS than	and that death occurred on the date stated above, at
	l day hrs.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	/V/55
	articular kind of work Articular kind of work	That Mummul
	b) General nature of industry usiness, or establishment in	(Durstion) yrsmosda.
3	thich employed or (employer)	Contributory
9 E	(State or country) Marie and	Secondary (Durstion) yrs mos ds
	10 NAME OF FATHER Thomas Libson	(Signed) Off Malane, M. D.
S	11 BIRTHPLACE	192. (Address) 2.3. (Address)
RENT	OF FATHER (State or country) Marcy Call	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	OF MOTHER Catherine Dian	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
- [(State or Country) Maryland	of death yrs ds. State yrs ds. State ds. State ds. State ds. ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOW, EDGE	if not at place of death?
	(Informant) Daybuel Those, ollius.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) South Tirer- Med.	Namel Har Cemetery Mar 10th 31

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balty., Requesting V. S. No. 1.

20 UNDERTAKER

10th 193

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ADDRESS

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman; (b) Grocery; should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the DIS fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respec Typhoid fever (nover report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> If this certificate is looked over thoroughly and all questions data is essential and must be obtained before the certificate is bermanently filed. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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1 _{PLA}	CE OF	DEATH	5
County	Anne	Arun	del



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village	or City Crownsville(NS.tate Hospi	tion, give its NAME in- stead of street and
PI	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	e black single widowed. or black (Write the word)	16 DATE OF DEATH March 29th , 192 31 (Month) (Day) (Year)
6 DATE	Unknown , 1889 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Nov. 18th 19230 to March 29th , 192 31 that I last saw h imalize on March 29th , 192 31
7 AGE	If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(b) Ge busines which	tlar kind of work Laborer eneral nature of industry ss, or establishment in employed or (employer) the or country) Maryland	(Duration) Upper Mowahoo ds. Contributory Syphilis Secondary (Drawn Upper Mowahoo ds.
	NAME OF ATHER COLUMBUS CORNISH	(Signed) Crownsville Md.
E O	F FATHER Maryland (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C 12 1	MAIDEN NAME F MOTHER Nellie Juice	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
0	BIRTHPLACE F MOTHER Maryland (State or Country)	At place of death yrs. 4 mos. 1] ds. In the State Tyis fe tricene ds.
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence Baltimore City, Maryland
(Ini	formant) Hospit al Records (Address) Crownsville, Maryland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3/3/. , 13/
15	a si a cost force	20 UNDERTAKER 41 ADDRESS

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Nervant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material first line will be sufficient, e.g., Farmer or Planter, For many occupations a or At Home, and children, especially in industrial employments, it is neces-Form loborer, Laborer-(b) Cotton mill; (a) Salesman. that fact may be indicated thus; Farmer (re-yrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the single word or term on -Coal mine, etc. Wom-Locomoline engineer, not gainfully em-3 Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup ed tern for the same disease. Examples: Cerebrospinal Statement of Cause of Death—Name, first, the pissasse Causing Death (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> carbolic acid-probably sucide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Umemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonio (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troin-Whooping American Medical Association.) Recommendations on elamy) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be as the cause. Chronic statement of cause of Example: Measles (disease volvulor etc. The contributory Nomenclature of the Always qualify all heart disease;

permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and al qu stions is essential and must be obtained before the certificate is

Exact	PLACE OF DEATH County Q. Q. L. O	02832STATE OF MARYLAND CERTIFICATE OF DEATH		
1 × 00	ai a	Registration Dist. No. 20		
ated EXACTLY, poperly classified.	Village or City Lalls ville (No. 2FULL NAME Mary Crown	St.: Ward) St.: Ward) (If death occurred I a hospitel or institution, give its NAME Is stead of street an number.)		
T tated roperi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
d be st y be pr ack of	SEX 4 COLOR OR RACE SHARLE, MARRIED, MANUAL WIDOWED, OR BIVORCED (Write the word)	16 DATE OF DEATH 3 - 2 2 - 3 192 (Month) (Day) (Year)		
PER shot it m	6 DATE OF BIRTH Of 35., 1890 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 3-22-31, 192 that I lest saw hereafter on 3-22-31, 192		
HIS IS In	7 AGE If LESS than I day hrs. I day hrs. J de. or min.	and that death occurred on the date stated above, at 10 PM. The CAUSE OF DEATH * was as follows:		
uily plai	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cortic Insufficiency (Duration) yro mos A de		
ADIN be car EATH impor	9 BIRTHPLACE (State or country) Q. Q. LO O	Contributory Secondery (Durstion) yrs		
Should E OF	FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country)	(Signed) 3 23 3 192 (Address) S Calred S *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether		
information state CAUS	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.		
Pl of o	(Informant)	Where was disease contracted, if not at place of death? Former or usual residence		
WRITE -Every item CIANS sho statement	(Address) Statesvill MX- 15 Filed Mar 23 4921 Dr. P. Claytor	20 UNDERTAKER ADDRESS ADDRESS		
N. N.	Dy Mal Registrar If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

MARGIN RESERVED FOR BINDING

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation single word or term on (b) Grocery;

spinal meningitis?'); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respec pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease "Senile," etc.), "Dropsy, etc. The contributory valvular heart disease; Nomenclature Measles;

answered in detail, it will prevent further correspondence. All the If this certificate is looked over thoroughly and all questions

permanently filed.

PHYSICIANS should state Exact statement of OCCUPA-LECORD. Every item of infor-AGE should be stated EXACTLY. A UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. B.—WRITE PLAINLY, WE

FOR BINDING

MARGIN RESERVED

S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH (1283)		
1. PLACE OF DEA	TH	7		(82-a)		
County	A. 19	<i>.</i>		Registration Dist. No. 20		
Village or City	Da	ai 5	Janvil	le No. St., Ward		
Length of residence in ci	itv or town where de	ath occurred	/ Vrsmos.	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME	John	This	412 C	, llen ber		
(a) Residence: No.	Ano	- 52		e_St Ward.		
(a) Residence. No.	<i>(</i>	(Usual place	of abode)	If nonresident give city or town and State		
PERSONAL AN	ID STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
m	W	OR DIVORCE	RIED, WIDOWED D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or dive HUSBAND of (or) WIFE of	orced			1 HEREBY CERTIFY, That I attended degreesed from		
6. DATE OF BIRTH (month, da	v and vear)	/		I last saw heim alive on Munch 27, 1931; death is said		
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et Am.		
764			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or p kind of work done, SAWYER, BOOKKE	as SPINNER.	PL		Cerebral Lungar to 3/28/3		
9. Industry or business in work wes done, es SAW MILL, BANK,	n which SILK MILL, etc			Je dan		
10. Date deceased last wo this occupation (mo year)	rked at	spe	Ime (years) nt in this upation			
V	1			Other Coutributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country)	man	ular	e o			
II 13. NAME TO	n 00.	Quell	ember			
13. NAME 14. BIRTHPLACE (city or to	own) Ma	mla	~ ~	Name of operation. What test confirmed diagnosis? A language Was there an autopsyllone		
15. MAIDEN NAME	Ha	Oks		23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	own) fran	wear	-5	Accident, suicide, or homicide? Date of injury, 19		
17. INFORMANT John	n Cull	Deub	LA MIS	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR I	REMOVAL '	Bete. C.	, 19	Manner of injury		
19. UNDERTAKER W. W. Chambers (Address) W. Chambers				24. Was disease or Injury In any way related to occupation of deceesed?		
20. FILED. 7 Mar - 28,	1931 M.	Cuepeter	9 glehert Registrar.	(Signed) Most men Hayes M. D. (Address) David Donville , M.D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	ple ECEIV	EDI	Example II		
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	LAISING I	V · 1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, tired 6 yrs.). For persons who have no occupation Whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At schoot or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House honschold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the taborer, Farm taborer, Laborer-Ceal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton milt; (a) Satesman, (b) Grocery; worked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civit engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of enpation is very important, so that the relative health-Inlness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Ease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbotic acid-probably suicide. The na train-accident; Revoteer wound of head-homicide; Examples: Accidentat drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. rhage," "Inanition." "Marasmus," "Old Agc," "Shock," State cause for which surgical operation was undercan be ascertained as the canse. symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weaknesz," ctc., when a definite discase "Dropsy," "Exhaustion," "Heart failnre." causing death), 29 ds.; Bronchonncumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles, Chronic interstitial nephritis, etc. (name origin; "Cancer" Is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), Chronic vatvular heart discase; (Recommendations on state-Example: Mcastes Always qualify all The contributory Committee on "Coma," "Con-"Haemor (merely (second (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(If death occurred in a hospital or institu-

tion, give its NAME is -

DATE OF BURIAL

ADDRESS

number.)

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 3 Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from (Day) (Year) (Month) If LESS than and that death occurred on the date-stated above, at 7 AGE The CAUSE OF DEATH * was ap follows I day hrs. or min.? a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) ... which employed or (employer) Contributory Seconflar 10 NAME 11 BIRTHPLACE OF FATHER Caunny Death, Aor, in Violent Causes, state (1) Means of Inury Accidental, Suicidal or Homicidal. (State or country 12 MAIDEN NAM 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER .yrs......ds. (State or Country should ent of O Where was disesse contracted, if not at place of death?. MY KNOWLEDGE Every item: CIANS sho statement c Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDIN

MARGIN

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken (a) Foreman, (3) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Housereport specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, know without more precise specification as Day (a) the kind of work and also (b) the not gainfully em-3 Grocery;

Statement of Cause of Death—Name, first, the DESEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Nomenclature Always qualify all disease;

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	02830
1 PLACE OF DEATH	STATE OF MARYLAND
County a.a. Co.	CERTIFICATE OF DEATH
Village or City Broklyn (No. 4th +1) 2 FULL NAME Bradeline E-	Registration Dist. No. Hully est St.; Ward) Frederich Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH
Vemale 4 color or race 5 SINGLE, MARRIED, WIDOWED Manuel Widowed Manuel (Write the word)	16 DATE OF DEATH March 26, 1981 (Month) (Day) (Year)
6 DATE OF BIRTH Month) Write the word) Month (Write the word) (Write the word)	much 25, 1931, to March 26, 1931 that I last saw her alive on march 26, 1931
7 AGE If LESS than 1 day, hrs. ORmia.?	and that death occurred on the date stated above, at ? m The CAUSE OF DEATH * was as follows:
a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Ourslien) yrs. mos. 2 ct
*BIRTHPLACE (State or country) 10 NAME OF A Alexa & S	Contributory Secondary (Buralion) yrs. mos. do (Signed) Milelett , M. C.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LICE & Martin	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of deeth yrs. mss. ds. Stete,yrs. mos. ds.
(Informant) Jacob Frederick	if not at place of deeth? Fo;mer or usual residence
(Address 4303 Fourth J. B. W.C.,	Western Cem Mun 30, 1031

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon write None. "Foreman," "Manager," "Dealer," ctc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question for many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupabile factory. The material worked on may form part the second statement. Never return "Laborer," very important, so that the relative healthful-For persons who have no occupation whatever If the occupation has been changed Locomotive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISPASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic exercity-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia"; Lobar pneumonia, indefinite); Tuberculosis of lungs, meninging the properties of the precision of t

mus," on Nomenclature of the American Medical Association. on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated swiride. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. state means of injury and qualify as accidental, surgical operation was undertaken. For violent geats Struck "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvulor heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for inalignant neoplasms); Measles; Whooping or miscarriage "Old Age," by railway train-accident; Revolver wound of The contributory (secondary or intercur-"Shock," "Ura mia," "Weakness, as "Purrperal septichaemia, "Dropsy," State cause for which Never report mere "Exhaustion,"

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V. S. No. 1

N. B.

PLACE OF DEATH County — —	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City Robinson (No	St.: Ward) St.: Ward) Godrich Godrich Godri		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEXO 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from		
Seft - unknown 1858			
7 AGE (Month) (Day) (Year) (Year) (If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at		
OCCUPATION (a) Trade, profession or Domestic particular kind of work	Gobley, Sudden		
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) State or country) Md.	Contributory Secondary (Durstion) 2 yrs. mos. de.		
FATHER Clisha Yarker. II BIRTHPLACE OF FATHER OF FATHER	(Signed) 1044W1 Underson J. Tileling is convey in D. 192 (Address) Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether		
(State or country) South (wir, Md.) 12 MAIDEN NAME Charlotte Sellmani	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
13 BIRTHPLACE OF MOTHER (State or Country) South River Add	ients or Recent Residents) At place of deathyrs		
(Informant) RW John Boodrick men	if not at place of death? Former or usual residence.		
(Address) PO Early hrights	MI auburn Cent - Bull and 3. 10, 1931		
15 Filedwards 10 19231 forgée & france Megistras	20 UNDERTAKER ADDRESS 47 Washington S		
If more bianks are needed, addrese State Registrat	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.		

Judge anderson.

(Approved by U. S. Census and American Public Health Association.)

er," etc., WILLIAM laborer, Laborer-laborer, Farm laborer, Laborer Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (r or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease telanus may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train Whooping Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular Always qualify all heart not be disease;

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S. No. 1

be carefully EATH in pla! DO 31 of inform

PHYSI-Anne Arundel County stated EXACTLY, p properly classified. of certificate. Crownsville (NState Hospita Village or City Ida Gordon 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS SSINGLE. MAPPIED MARRIED, WIDOWED, OR DIVORCED (Write the word) 3 SEX 4 COLOR OR RACE may be Female black 6 DATE OF BIRTH 850 unknown that (Day) (Year) (Month) If LESS than 7 AGE l day hrs. unknown OCCUPATION (a) Trade, profession or Cook particular kind of work (b) General nature of industry business, or establishment in importa which employed or (employer) BIRTHPLACE (State or country) Virginia 10 NAME OF FATHER Lucius Williams 11 BIRTHPLACE OF FATHER ENT Virginia (State or country) 12 MAIDEN NAME 2 4 OF MOTHER Hester Certer Every item of inform CIANS should state statement of OCCUP. 13 BIRTHPLACE OF MOTHER Virginia (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records (Informant) Crownsville, Maryland (Address)

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

1	St.:	Ward)	(If death a hospital tion, give i stead of number.)	occurred in or institu ts NAME in street and
MEDIC	AL CERTI	FICATE O	F DEATH	
16 DATE OF DEATH	h 5th			19231
***************************************	(1)	fonth)	(Dsy)	(Year)
October 29	CERTIFY,	That I atte	nded the dech 5th	reased from
that I last saw h e	Talive on .	Marc	h 5	, 192.3
and that death occur	red on the	date stated	above, at	Am
Status E	TH * was as	follows:		-6060000000000000000000000000000000000
	(Du	on:	e hour	noeds
Contributory Ce.	rebral	1 = 1	eans	rosis de
Mar. 5th 1923				
*State the D Violent Causes, st Accidental, Suicidal	oisease Csus tate (1) M or Homicidal	sing Death, eans of Inj l.	or, in dea ury and (2	aths from) Whether
18 LENGTH OF RE		For Hospit	als, Institut	ions, Trans
At place 5 yrs. 4 r	nos. 6 ds.	In the State	Unlonow	Mmosde
Where was disease cont if not st place of des	tracted,		v av a v aa v aa v a av v a a a a a a a a a a	00 000 1 1 0 00 0 00 0 0 0 0 0 0 0 0 0
Former or usual residence. B&	ltimor	e City	Mary	land
M- Jul	LOR REMO	Cent	3 T	BURIAL , 19.8
20 UNDERTAKER Morto	n Ch	Pase,	ADDRESS 688	Filmor

If more branks are needed, address State Registrar, 16 W. Ssratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Furmer (pe state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-(b) persons enengineer, Grocery;

Statement of Cause of Death—Name, first, the preparation of Cause of Death—Name, first, the preparation of Cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: A coidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic etc. affection need valvular heart Nomenclature The contributory Always qualify all disease,

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 0 1931

STATE OF MARYLAND HYSI-Exact PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... (If death occurred in hospital or institu-...... Ward) properly class certificate ion, give its NAME instend of street number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH of 4 COLOR OR RACE | 5 SINGLE, MARRIED. 3 SEX eq back WIDOWED (Month) (Day) OR DIVORCED It may (Write the word) I HEREBY CERTIFY. That I attended the docessed 6 DATE OF BIRTH that C E instruction (Month) (Day) (Year) and that death occurred on the date stated above, at. 0 7 AGE If LESS than supplied I day hrs. termsvrs.......mos......ds.or.... min. ? 99 OCCUPATION (a) Trade, profession or plain particular kind of work...... important. (b) General nature of industry business, or establishment in H I which employed or (employer) Contributory Secondary 0 (State or country) ď (Duration)yra ery Isl O 10 NAME OF OF D (Address) M. RENTS WZ *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Information state OAUSE OF FATHER (State or country Accidental, Suicidal or Homleidal. 12 MAIDEN NA A OF MOTHE 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) IS BIRTHPLACE In the At place OF MOTHER of death yrs. mos. da. State, yrs. mos. 00 (State or count Where was disease contracted, 3 of 14 THE ABOVE if not at place of death?... shot statement Former or usual residence ... S 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL EVERY (Address) 15 ADDRESS Filed Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

ARGIN

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman." "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; a. ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sury to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. should be used only when needed. As examples: (a) Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. w. hatever, write None. tired 6 yrs.). For persons who have no occupation (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as duties of the The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typkoid fever (never report "Typhoid pneumonia.")

ary), 10 ds. Never report mere symptoms or terminal quences (e. g., sepsis, tetanus) may be stated under the conditions, such as "Asthenia," "Anaemia" (merely use of "Tumor" for malignant neoplasms); Measles; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-uccident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State canse for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" symptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia (secondstated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nophritis, etc. (name origin; "Cancer" is less definite; avoid suges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes Always qualify all The contributory (disease "Сол-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6

BINDING

RESERVED

MARGIN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cercbrospinal Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia Pneumonia");

> American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronicetc. The contributory valvular heart Nomenclature Always qualify all disease;

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PLACE OF DEATH	02841 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Village or City Broadnes Ro. Inde	Registration Dist. No. 2
2FULL NAME Ordin Ho	tion, give its NAME in- stead of strest and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7125 / 5 , 1923 / (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Malive on May 15, 1923,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the dats stated above, at
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos 3 de.
DESTRIPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 Maiden NAME 12 MAIDEN NAME	Contributory Secondary (Durstion) (Signed) (Signed) *State the Disease Causing Death, or, by deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accedental, Suicidal or Homicidal.
OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Les mit Hayes (Address) Broadneck such 15 Filedhaul 15 1923/ Fryl C. Fryll Registrar	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL ADDRESS FIRST 26 Clay St
If more bianks are needed, addrssa State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day If the occupation has been changed

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Mapproved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury "PUERPERAL seplicaemia," "PUERPERAL perilonitis, " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o. unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 2.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1,200
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 6 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal ca of importance w	rere as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitia	1 nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrha	ge	July 5,1927	Peritonitis	3 days ago
Other contribute	ory causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-	2FULL NAME JOHN HOMAS M	UGHES
	PERSONAL AND STATISTICAL PARTICULARS	
3 9	NALE COLORED OR DIVORCED (WIDOWED)	16 DATE OF
6 L	OATE OF BIRTH OCA 26, 1910 (Month) (Day) (Year)	17 I
7 A		and that de
(p () b	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	Mus way!
-	IRTHPLACE (State or country)	Contribu Second
	10 NAME OF GEORGE Slughes	(Signed)
RENTS	11 BIRTHPLACE OF FATHER (State ocuntry)	*State Violent Accidenta
PAR	13 BIRTHPLACE	18 LENGTH
	OF MOTHER (State or Country)	At place of death
14	(Informant) Many Mushes	Where was d if not at pla Former or usual residen
	(Address) Linetheim Mg	19 BLACE
15	Filed March 9 131 (Noodings	20 UNDER

PLACE OF DEATH

02844

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

St.: Ward)	(If death a hospital	occurred in
	tion, give i	ts NAME in

16	DATE OF DEATH March 191631
	(Month) (Dy) (Year)
1	I HEREBY CERTIFY, That I attended the deceased from
	, 192, 192,
th	at I last saw halive on, 192,
ar	d that death occurred on the date stated above, at
TI	e CAUSE OF DEATH * was as follows:
	Montalia
	Murder - Tractured solvel
Tu	Fas waylaid "I'd murdered, by being struck with a
14	Contributory (Duration) yrs. mos. ds.
	sow the head cure or
	Secondary
	(Duration)
10	igned) Namy Thelow H. M. D.
10	acting borone!
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
A of	place In the deathyrsmosds. Stateyrsds.
	here was disease contracted, not at place of dea.h?
Fo	rmer or ual residence.
19	BLACE OF BURIAL OR REMOVAT
	Mr Wilson Back March 11, 1931
20	UNDERTAKER
9	Elizard Joulan 2357 Washington

MEDICAL CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. not gainfully em-But in many Grocery;

spinal meningitis"; Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Strtement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASS (NUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Timor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on valvular heart etc. The contributory Nemenclature of the diseasc; not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and emust be obtained before the certificate is permanently filed.

V. S. No. 1

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	Bee		statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF D	Arundel		o Mognit	(12)	STATE OF I CERTIFICATE Registration I	OF DEATH
Vil	llage or CityC		osetta J		2 1	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AN	D STATIST	ICAL PARTIC	ULARS	ME	DICAL CERTIFICATE C	OF DEATH
	emale bla	or or race	MARRIED, WIDOWED, OR DIVORCEI (Write the word	D		March 19th	
	DATE OF BIRTHAGE	(Month)	known (Day)	1 863 (Year)	that I last saw hand that death of The CAUSE OF I	REBY CERTIFY, That I atto 24 1928. to Melon Merch I becurred on the date stated DEATH * was as follows: Arterioscleros	rch 19th , 19231 19th , 19231 above, at 5: 30P. m.
O P	a) Trade, profession particular kind of wo b) General nature of pusiness, or establishmyhich employed or (en IBIRTHPLACE (State or country)	industry	on <u>e</u>	_ 13	Contributory Secondary	(Duration) UI	nknown mos de.
	10 NAME OF FATHER	Unknow			(Signer 1)	WA KIM	WELOUM. D.
SLU	11 BIRTHPLACE OF FATHER (State or country)	Unkn	own		*State the	1923 (Address) Crown of English Place Causing Death, s, state (1) Means of Injuidal or Homicidal.	or, in deaths from
PARE	12 MAIDEN NAME OF MOTHER	Unk	nown			RESIDENCE (For Hospit	tals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	Unkno	wn		At place of death 2yrs.	contracted.	Lifetime de.
15	Filed Mursh 19	spital l Crownsv	Records Mar	ylend ylend ylend A Tul	if not at place of Former or usual residence	Talbot County, DRIAL OR REMOVAL July Marshalf	DATE OF BURIAL Murch 23 1931 ADDRESS N. Michael
	If mo	re bianks are	needed, address	State Registra	,/16 W. Saratoga	St., Balto., Requesting V. S	5. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a or given up on account of the DISEANE CAUSING DEATH, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enetc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. that fact may be indicated thus; Furmer (rewithout more precise For persons who have no occupation (b) Automobile factory. The material specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease telanus | may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Urucmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condiby Committee on cough; Chronic etc. affection need ratrular Nomenclature The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PERSONAL AND STATISTICAL PARTICULARS A COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) TE OF BIRTH (Month) (Day) (If LES I day Or Trade, profession or ticular kind of work General nature of industry
MARRIED. WIDOWED. OR DIVORCED (Write the word) TE OF BIRTH (Month) (Day) (If LES I day OR OF DIVORCED (Write the word) (Month) (Day) (Month) (Day) (General nature of industry
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iness, or establishment in ch employed or (employer)
o NAME OF John Wesley Jun
OF FATHER (State or country)
of Mother Florence Durse
State or Country)
2

PLACE OF DEATH

02846 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of streat and number.)

MEDICAL CERTIFICATE	OF DEATH
	3/, Pos(Year)
17 I HEREBY CERTIFY, That I att	ended the deceased from
that I last saw Malive on 3.	MA
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, at
Cafellary B	unclits
Contributory Secondary (Duration)	yrs mos ds.
(Signed) (Address) (Address)	aplia my
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
At place In the of deathyrsmosds.	teyrsmos,ds,
Where was disease contracted, if not at place of death?	
Former or usual residence	**********************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Danidsonuell ma	mon. 9, 1991
Carence Farrents	address Damasumu
16 W Santana St. Ralta Paguesting V.	S No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise speciments. Laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic ," etc., when a definite disease Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Spee. -6-9-19-H. P. Co. - 1000 Bks. HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH. REGISTERED NO (If death occurred in a hospital or institu-CITY OF BALTIMORE WARD) tion, give its NAME instead of street and number.) WARD. (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred flow long in U. S., If of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OF RACE | 5 Single, Married, Widowed, 3 SEX 16 DATE OF DEATH (month, day, and year) or Divorced (write the word) 17 I HEREBY That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of that I last saw has 6 DATE OF BIRTII (month, day, and year) and that death occurred, on the date stated above, at. 7 AGE Years Months day, 9 hrs. or min. OCCUPATION OF DECEASED no une (a) Trade, profession or particular kind of work. (duration) (b) General nature of industry. business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (duration) (c) Name of employer 18 Where was disease contracted if not at place of death?. 9 BIRTHPLACE (city or town (State or country) Did an operation precede death?. 10 NAME OF FATHER CLUMS Was there an autopsy? What test confirmed diagnosis?. 11 BIRTHPLACE OF FATHER (city or town) (State or country) (Signed) (Address) 12 MAIDEN NAME OF MOTHER | , 19 *State the Disease Causing Death, or in deaths from Violent Causes, 13 BIRTHPLACE OF MOTHER (city or town) state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) (State or country) Informac 5 19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTA

[Approved by U. S. Census and American Public Health Asso.]

from business, that fact may be indicated thus: state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH or At home, and children, not gainfully employed, as salary), may be entered as Housewifc, Housework, only (not paid Housekeepers who receive a definite without more precise specification, as Day laborer "Laborer," "Foreman," "Manager," "Dcaler," etc., or industry, and therefore an additional line is proor term on the first line will be sufficient, e. g., question applies to each and every person, irres-Housemaid, etc. If the occupation has been changed in domestic service for wages, as Servant, Cook report specifically the occupations of persons engaged At school or At home. Care should be taken to home, who are engaged in the duties of the household mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only kind of work and also (b) the nature of the business pective of age. For many occupations a single word occupation is very important, so that the relative occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no Farm laborer, Laborer—Coal mine, etc. form part of the second statement. Automobile factory. The material worked on may trial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, Compositor, Archihealthfulness of various pursuits can be known. The Statement of occupation .- Precise statement of Never return Women at

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meastes;

death approved by Committee on Nomenclature of tctanus) may be stated under the head of "contribuwound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to undertaken. "PUERPERAL septicemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Always qualify all "Uremia," "Wcakness," etc., when a definite diseasc rhage,""Inanition,""Marasmus,""Old age,""Shock," "Dropsy," "Exhaustion," "Heart failure," "Hemorvulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. the American Medical Association.) Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; fracture of skull, and consequences (e. (secondary or intercurrent) affection need not be -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of For VIOLENT DEATHS state MEANS OF Examples: Accidental drown-Example: Measles (disease g., sepsis,

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinuer, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related equises	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 6 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	Juritis APR 0 100%	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory of	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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(PLACE OF DEATH	23)	STATE OF MARYLAND CERTIFICATE OF DEATH
			Registration Dist. No. 2/
Vill	age or City Annapolis (No. 16 2FUEL NAME Chloe. P.	Hyde	St: Ward) (If death occurred a hospital or instition, give its NAME stead of street a number.)
	PERSONAL AND STATISTICAL PARTICULAR	RS MI	EDICAL CERTIFICATE OF DEATH
3 S	emal 4 color or RACE 5 SINGLE, MARRIED, SINGLE, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DE	EATH Morch 28, 1931. (Month) (Day) (Year)
6 D	Jan 10 , 1	1907 Tuly	EREBY CERTIFY, That I attended the deceased fr 1930 to Mch 28 , 193 h 4 alive on March 27, 193
7 A	34 9 30 1 da	ESS than and that death	occurred on the date stated above, at 2 P
10	of the profession or house work		
(b	Of Scheral nature of industry usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) A.A. County Marylar	Contributory Secondary	7.0 0 . 1
(b	O) General nature of industry usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) A.A. County Marylar IO NAME OF FATHER Frank. M. McCoy	Secondary (Signed)	Augustion / Ayre mos. M.
ENTS B	o) General nature of industry usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER Frank. M. McCoy 11 BIRTHPLACE OF FATHER (State or country) A.A. County. Md.	Secondary (Signed)	April Duration Ayrs mos. M. 193 / (Address) Area of in deaths from
9 B	O) General nature of industry usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) IO NAME OF FATHER Frank. M. McCoy II BIRTHPLACE OF FATHER	(Signed)	Duration) Mos. M
B B B	O) General nature of industry usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) A.A. County Marylar 10 NAME OF FATHER Frank. M. McCoy 11 BIRTHPLACE OF FATHER (State or country) A.A. County. Md.	(Signed)	Death, or in deaths from of Injury and (2) Whether all of Residents) In the State (1) Means of Injury and (2) Whether all of Residents) In the State (2) In the State (3) In the State (4) In the State (5) In the State (6) In the State (7) In t
PARENTS & A	O) General nature of industry usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) A.A. County Marylan 10 NAME OF FATHER Frank. M. McCoy 11 BIRTHPLACE OF FATHER (State or country) A.A. County. Md. 12 MAIDEN NAME OF MOTHER Rachel. P. Lyles, 13 BIRTHPLACE OF MOTHER (State or Country) A. A. County. Md. 14 MAIDEN NAME OF MOTHER RACHEL. P. Lyles, 15 BIRTHPLACE OF MOTHER (State or Country) A. A. County. Md.	(Signed)	Death, on in deaths from of Injury and (2) Whether all of Residents) In the State (1) Means of Injury and (2) Whether all of Residents) In the State (1) In t
PARENTS & A	O) General nature of industry asiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) A.A. County Marylan 10 NAME OF FATHER Frank. M. McCoy 11 BIRTHPLACE OF FATHER (State or country) A.A. County. Md. 12 MAIDEN NAME OF MOTHER Rachel. P. Lyles, 13 BIRTHPLACE OF MOTHER (State or Country) A.A. County. Md.	(Signed)	Death, on in deaths from of Injury and (2) Whether all of Residents) In the State (1) Means of Injury and (2) Whether all of Residents) In the State of death? BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm taoorer, Lawrence the duties of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (c) Grocery;

spinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIA to time and causation), using always the same accept pmeumonia, for the same disease. Examples: Cerebroshimul Bronchopneumonia ("Pneumonia,

> American Medical Association.) Spproved by Committee on Cas fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," "Exhaustion," "Heart failure," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29.ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of: (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar, or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, cough; Chronic valendar heart disease; etc. The Nomenclature " etc. , "Dropsy," "Haemorrhage," contributory

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1931

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(Address)

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PLACE OF DEATH County anna arundles.	02850 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2 3
Village or City Flow Burnes. (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernal, White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 18 18 19 19 19 19 19 19
G DATE OF BIRTH Fol. 2 2 1 1876. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs. I day h	The CAUSE OF DEATH + was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs
9 BIRTHPLACE (State or country) Pergenia - 10 NAME OF Palerius Me. Leninis	Contributory Secondary (Duration) (Signed) M. D
OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clyafeth Siel. 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Mrs. Conord Jan.	Former or usual residence

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

Buch. Md.

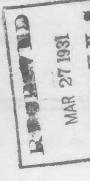
(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Famuer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. Ikretired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a especially in industrial employments, it is neces-(b) Colton mill; (a) Salesman, (b) (b) Automobile factory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need not Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is exertized and must, be obtained before the certificate is permanently files.



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	1PLACE	OF DEATH			0285	STATE OF	MARYLAND
County Anne Arundel			(23)	CERTIFICAT	E OF DEATH		
						Registration	Dist. No.
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	2FULL	NAME	Elsie Mar	bury	••••••••••••••••••	***************************************	number.)
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6 D	ATE OF BIRTH	unknov		, ₁ 913	October 1		ttended the deceased from [arch 10th, 192 3
		(Month)		(Year) [If LESS than I day hrs. or min.?	and that death occ		ed above, at 4:30A.
6 bi	o) General natu usiness, or esta	of work	one		Contributory		6 hours uberculosis
	10 NAME OF		oh Marbur	У	(Signer)		Winsville, Md.
RENTS	OF FATHER (State or co	IInkr	nown				h, or, in deaths from Injury and (2) Whether
PARE	12 MAIDEN N		Lawson	18-119:		RESIDENCE (For Hos	pitals, Institutions, Tran
	13 BIRTHPLA OF MOTHE (State or Co	R	own		At place of death yrs. 5	mos. ds. In the	he Liv£etime d
14 7	(Informant) (Addres	Hospital Crowns			Former or usual residence	earles County RIAL OR REMOVAL L Model Mod	DATE OF BURIAL
15	Filed 3/		eph C. J	Hegistrar State Registra	20 UNDERTAKER Janus 1, 16 W. Saratoga St	Perry	Racey from

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Coult, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (te household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

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"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease." (secondar) or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; l'oisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid approved by Committee on legamus may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Whooping cough; Never report mere symptoms or terminal condi Chronic valvular heart disease, etc. Nomenclature The contributory Always qualify all Measles; " etc.

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	OF DEATH	02852 STATE OF MARYLA						
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6 DATE OF BIR		2.r.y		17 I H January	IEREBY CERTIFY I.4	, That I atte	ch 5	, 1923]
7 AGE	62 yrs. I	mosds	If LESS than I day hrs. or min.?	and that death	n occurred on the F DEATH * was 1	e date stated :	above, at	a. m
(b) General n business, or e which employ	ed of work Farm sature of industry establishment in yed or (employer)			Contributor Secondary	none		yremoe.	
10 NAME C		anoski		(Signed)	de le-	436	6	, M. D.
tel	ier r country) Pola	and		*State Violent Cat	the Disease Causes, state (1) Suicidal or Homicid	using Death, Means of Injust.	or, In deaths ury and (2) V	from Whether
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if mora bianks are naedad, addresa State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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If this certificate is Tooled over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essectial and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

No

Anne Arundel 83 ed EXACTLY, Poserly classified. Crownsville State Hospital Village or City Edgar Matthews ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH March 5th 4 COLOR OR RACE 5 SINGLE. Unknown male black WIDOWED. OR DIVORCED ould may n bac (Write the word) 17 6 DATE OF BIRTH Sept. Unknown (Year) (Month) (Day) IIfLESS than 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. ds. or min.? BOCCUPATION (a) Trade, profession or Unkno wn particular kind of work (b) General nature of industry unimown ds. business, or establishment in importa which employed or (employer)... Contributory 9 BIRTHPLACE Secondary (State or country) Unknown 10 NAME OF OG FATHER Unknown 11 BIRTHPLACE OF FATHER Unknown (State or country) CAU 12 MAIDEN NAME Unknown OF MOTHER ients or Recent Residents) 00 state 13 BIRTHPLACE OF MOTHER Unknown pli (State or Country) Where was disease contracted, item of s should nent of if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records (Informant) Every it CIANS stateme Crownsville, Maryland (Addresa)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

(If death occurred in a hospital or institu-tion, give its NAME in-St.: Ward)

stead of street and number.)

MEDICAL CERTIFICATE OF DEATH , 19231 (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 19230 to March 5th 192 37 that I last saw him alive on March 5th, 192.37 and that death occurred on the date stated above, at 7 P. m. General Paralysis of the Insane

19231 (Address) Crownsville, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

Baltimore City, Maryland

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Disase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospin fever (tle only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.); "Dropsy "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaconia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar/ or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonueum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic and consequences (e.g., sepsis, etc. affection need valvular heort Nomenclature ," etc.), "Dropsy, The contributory Always qualify all Measles, not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanantly fied.

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PARENTS

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female

6 DATE OF BIRTH

8 OCCUPATION

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11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE OF MOTHER

(Informant

(State or country) 12 MAIDEN NAME

(State or Country)

(Address)

(a) Trade, profession or

particular kind of work

(b) General nature of industry business, or establishment in

which employed or (employer)

	PLACE OF DEATH			
	County Anne Aru	ndel	00 000 WWW	
te.	Village or City Crowns	ville	She	te Hosp
rtificate.	²FULL NAME	Mary	La	Preston
Ser	PERSONAL AND STA	ATISTICA	L PA	RTICULARS

PLACE	OF	DE	EATH
unty	Ann	le.	Arundel



02854 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Crownsville State Hospital	tion, give its NAME in-
_ AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
black single, widowed wibowed, or Divorced (Write the word)	16 DATE OF DEATH March 27th , 19231
Unknown , 1870 (Month) (Day) (Year)	June 13 19230 to Merch 27th 19231, that I last saw her alive on Merch 27th 19231,
61 yrs. unknown ds. or min.?	and that death occurred on the date stated above, at 6:55A.m. The CAUSE OF DEATH * was as follows: Chronic Nephritis
ssion or Housework fe work Housework re of industry blishment in or (employer) Maryland	(Duration) Unknown mos da. Contributory Arteriosclerosis Secondary (Dulation University Mos. ds.
John Johnson, dead E Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Caroline (?) linkuour	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
Maryland Maryland	At place of death yrs 8 mos 27 ds. In the State Livis et imee da. Where was disease contracted, if not at place of death?
Hospital Records	Former or Baltimore City, Maryland
Crownsville, Manyland	Jallohn And Harford Co 3/27, 193/20 UNDERTAKER DATE OF BURIAL ADDRESS Of Burial
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

4 COLOR OR RACE

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Mary L. Preston

MARGIN' RESERVED Every item of inform CIANS should state statement of OCCUP.

တို

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, cases, tired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm Laborer, Laborer—coa mine, eve. wou-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective or fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons enetc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Luborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer, (b) The ques-Grocery, Doy

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect the only definite synonym is "Epidemic cerebropneumonia, fever (never report "Typhoid Pneumonia") for the same disease. Examples: Cerebrospinal Bronchopnewnonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senīle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Uruemia;" "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar; or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway troin-Chronic interstitiol nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY name origin; "Cancer" is less definite; avoid by Committee on (hronic and consequences (e.g., sepsis, Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and a l questions canswered in detail, it will prevent further correspondence. All the Clata is essential and must be obtained before the certificate in equate is essential and must be obtained before the certificate is permaperally filed.

			02855
(2)	Si-	PLACE OF DEATH	STATE OF MARYLAND
X	EX	County anne armedel	CERTIFICATE OF DEATH
	Y, F	Make	Registration Dist. No. 7
CORD	ated EXACTLY operly classificertificate.	Village or City weepshis (No. Machaels, PETER	of Neptel St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
UZ L	be sta	3 SEX 4 COLOR OR RACE SHNGTE, MARRIED, WHOWED, OR DIVORCED MA	16 DATE OF DEATH MARCH 18 7 1931
MA	ay a	Male Write (Write the word) Marries	March (Month) /8 (Day)/93/ (Year)
ER	hou t m	6 DATE OF BIRTH	Muss, 13 1921 to March 18, 1981
m d	at i	(Month) (Day) (Year)	that I last saw h 12 alive on March 18 -, 1981.
S	so tha	7 AGE If LESS than	
S	s s stru	I day hrs.	The CAUSE OF DEATH * was as follows:
밀王	in in	25 grayyrs. mos. 7 ds. or min.	
5 J	sup n te See	(a) Trade, profession or particular kind of work	nemoria, tovar
SE	plai	(b) General nature of industry	
RE	a = E	business, or establishment in which employed or (employer) 21. S. Harry	(Duration) yrs, mos 5 ds.
Z	TH L	9 BIRTHPLACE	Contributory Secondary
RGIN	EA.	(State or country Laures City Mo.	(Duration) Q yrs Q mos. Q ds.
A N	F D	10 NAME OF FATHER AND ALL MANAGES	(Signed) J. M. New Worst M. D. M. D. Waral Hospital
E	o o si	0 11 BIRTHPLACE	(Address)
5	USINO	CState or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	CA	E 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitols, Institutions, Trans-
	orm ate	OF MOTHER 13 BIRTHPLACE	ients or Recent Residents)
	St	OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
Id	of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	sho	Man O Sont O Strong	Former or Languette, Ohio
VR	IS a	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
>	CIANS sho	(Address) langons	Kamer Cily Mo. mail , 19
, o	E O O	15 File well 19 19231 Frayhe. Fra	20 UN DERTAKER ADDRESS AM DOORS
02	m	Registrar	E & MILLIANS
> /	Z	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (o) Salesman. (b) Grocery. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc state occupation at beginning of illness. If retired from -gaged in domestic service for wages, as Nerrond, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement (a) Foreman, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of busines, that fact may be indicated thus; Furmer or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at l.ome, who are engaged in the duties of the whatever, write None. first line will be sufficient, e. g., Farmer or Plonter For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coul mine, etc. Woinwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septionemia," "Puerperal peritonitis," etc. "Debility" ("Cougenital," "Senile," etc., "Dropsy,"
> "Ethaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; approved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy troin taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy" "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles; (hronic valvulor heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

H

1. PLACE OF DEATH	<u> </u>		
County (Cut)	Registration Dist. No. 2		
Village or City The (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Baly Trully			
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from an I of 19 1 of the said to have occurred on the date stated above, at 2 1 m.		
6. DATE OF BIRTH (month, day, and year)			
7. AGE Years Months Days If LESS than			
193/ 9mss, 20 1 day, hrs.	The PRINCIPAL GAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	3 lill 60 mast		
9. Industry or business in which work was done, as SILK MILL till was saw MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) Ca & G, Co. mol.	Other Contributory Causes of importance:		
(State or country)			
13. NAME History Mily			
13. NAME Ausling Milly 14. BIRTHPLACE (city or town) a g Ca . milly (State or country)	Name of operation Date of		
	What test confirmed diagnosis? Was there an autopsy?		
E 6 6 5 7-10	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?		
16. BIRTHPLACE (city or town) 14. 14. 15			
17. INFORMANT Healy milly (Address)			
18 RURIAL CREMATION OR REMOVAL	Manner of injury		
Place Just Calory Date Mar ch 24, 193)	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify		
19. UNDERTAKER History Willis			
(Address) Inter Tra. her			
20. FILEDURALE 5.3, 1931 Fray h. C. Fry Co Test	(Signed) M. D. (Address) Mu af of e		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis V.S.	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Anne Arundel	67-e	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21		
	FULL NAME Edward Herman	Smith) Mus	St.: Wa	rd) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)	
PERS	ONAL AND STATISTICAL PARTICULA	RS ME	MEDICAL CERTIFICATE OF DEATH		
male	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	1	· March	Ist , 192I(Day)(Year)	
6 DATE OF E	February 2nd, (Month) (Day)	1 931 March I (Year) that I last saw	192.I. to	attended the decessed from , 192	
(b) General business, o which emp	profession or kind of work to the same the same to the		(Duretion) yre		
10 NAME FATHE	SIRTHPLACE (State or country) Md. 10 NAME OF FATHER James A. Smith 11 SIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Lillian Mure 13 BIRTHPLACE OF MOTHER (State or Country) Md.		Z- a (Duratida)	M. D. Mdena, Md.	
Z (State			cidal or Homicidal.	th, or, in deaths from Injury and (2) Whether	
OF MC			B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs described by the State yrs mos mos where was disease contracted.		
	ant) Lillian Mure	Former or usual residence	if not et place of desth? Former or usual residence		
į.	ddress) P.O. Pasadena. Md.	19 PLACE OF B	urial or REMOVAL	March 2943	
15	- 2. Q. US Ze	To UNDERTAKE	IR .	ADDRESS	

If more bianks are needed, address Stete Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

Edward Baker

P.O. Fasadena

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rel state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. approved by Committee on as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Pgisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Always qualify all

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PHYSI-

WRITE PL

PLACE O	F D	EATH
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County	An	nie A	2 1	207	
Country.		A	100		

STATE OF MARYLAND CERTIFICATE OF DEATH

_			
Registra	tion	Dist.	No.

	Registration Dist. No.
Village or City Brooklyn Fark (No. 15th, Ave. 2FULL NAME George C. Norgolk.	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH /2 , 1987
6 DATE OF BIRTH Peh 27 1931 , 1 (Month) (Day) (Year)	that I last saw h malive on March 12, 1921,
7 AGE If LESS than 1 day hrs. yrs. mos. 3 ds. or min.?	
particular kind of work Infant, (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) BIRTHPLACE (State or country) BIRTHPLACE	Contributory Secondary (Duration) yrs. mos 1.3 ds. Contributory Secondary (Duration) yrs. 7 mos ds.
OF FATHER (State or country) 10 NAME OF FATHER (Secret R. Norfolk.) 11 BIRTHPLACE OF FATHER (State or country) 3 0 1 0 1 d.	(Signed)
OF MOTHER Anna I. Rommel 13 BIRTHPLACE OF MOTHER (State or Country) Belto Id	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) George L. Mariolk. (Address) 15th Ave. & Lorgan Rd.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
15 Filed March 13 1981 Ida M Wohlism	20 UNDERTAKER ADDRESS AND THE

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed "," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death approved by stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencough; or intercurrent) affection need Committee on Chronic etc. The contributory valvular heart disease; Nomenclature " "Shock," not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

(F	K, PHYSI- ed. Exact
	T KCORD	rated EXACTL roperly classificate.
MARGIN RESERVED FOR BINDING	WRITE PLACLY, TH UNFADING INK-THIS IS A PERMAN T ACORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. % No. 1	WRITE	N. BEvery item CIANS shot statement o

PLACE OF DEATH	028	STATE OF MARYLAND CERTIFICATE OF DEATH
CountyAnne_Arundel		Registration Dist. No. 27
Village or City Crownsville State Hosp: 2FULL NAME Pearl (Edith)No.		St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULAR	S ME	DICAL CERTIFICATE OF DEATH
Female Colored Single, Marie Married, William William (Write the word)		archry the first , 1931 (Month) (Day) (Year)
***************************************	903 Februs	REBY CERTIFY, That I attended the deceased from ary the 16/31 to 3/1/31, 192 her alive on February 28 , 1921
	hrs. The CAUSE OF	occurred on the date stated above, at 7.30 Pin. DEATH * was as follows: ion due to prolonged mania
(a) Trade, profession or barticular kind of work Domestic (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Ann Arundel 10 NAME OF FATHER Revd. S. Harriss 11 BIRTHPLACE OF FATHER (State or country) South River, Md. 12 MAIDEN NAME OF Malinda Galloway. 13 BIRTHPLACE OF MOTHER Malinda Galloway. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hospital Records (Address) Crownsville State Hospital Records	(Signed 3/1/3: 3/1/3: *State th Violent Cause Accidental, Sui 18 LENGTH Offients or Received At place of death years. Where was disease if not at place of the	mos I3ds. In the All life de contracted, Annapolis 1623, Riggs AvenuemBaltimore URIAL OR REMOVAL DATE OF BURIAL 1446 3 3 3 1 19

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits ean he known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the oecupation has been changed gaged in domestic service for wages, as Servant, Cook work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Dealshould be used only, when needed. As examples: (a) Civil engineer, Stotionary freman, etc. But in many Physician, the first line will be sufficient, e.g.. Furmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Loborer-Coul mine, etc. Womwithout more precise specification as Day Compositor, Architect, At school, or At home. Care should be taken For persons who have no occupation Locomotive engineer, (6) Grocery

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Recommendations on statement of cause of death delanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaconia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the eause. "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brouchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; "Uruemia," "Weakness," etc., when a definite disease (secondar, or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic affection need not be valvular heart etc. The contributory Nomenclature Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

infor OCCUPA. 1. PLACE OF DEAT pluoda County Village or City PHYSICIANS Length of residence in city 2. FULL NAME (a) Residence: No. Exact PERSONAL AND 3. SEX 4. COLOR PERMANENT n FOR BINDING classified 5a If married, widowed, or divorce HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, properly 7. AGE Years stated IS 8. Trade, profession, or part MARGIN RESERVED THIS kind of work done, as SAWYER, BOOKKEEPE jo may back 9. Industry or business in w plnods work was done, as SILK MILL, SAW MILL, BANK, etc.... UNFADING INK-10. Data daceased last worked at 11. Total time (years) on this occupation (month and spant in this that occupation ... instructions 12. BIRTHPLACE (city or town) supplied. (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town in plain (State or country) should be carefully MOTHER is very important. 15. MAIDEN NAME OF DEATH 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE CAUSE mation LION 19. UNDERTAKER (Address) mar

ATE OF MARYLAND-	CERTIFICATE (OF DEATH 12860
. a. County -	(3)	Pagintration Dist. No. 20
or town where death occurred yrs mos	ds. How long in U.S. If of	Registration Dist. No. St., Ward tion, give its NAME instead of street and number) If foreign birth? yrs. ds
alizabeth arive () During mh - (Usual place of abode)	St., Ward.	If nonresident give city or town and State
STATISTICAL PARTICULARS	MEDICAL CE	ERTIFICATE OF DEATH
OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	March 12 , 193 / (Month) (Day) (Year)
mes Owns-	Quag -	CERTIFY, That I attended deceased from 1921, to man. 12 , 1931. War II , 1931; death is sai
Months Days II LLSS than 1 day, hrs.	to have occurred on the data state. The PRINCIPAL CAUSE OF DEAT	od above, at 102.m. TH and related causes of importance
cular SPINNER, UNE - R, etc.	myoda	uditis Date of onset

Cought.

Name of operation.

Date of

23. If death was due to external causes (VIOLENCE) fill in also the following:

What tast confirmed diagnosis? Was there an autopsy?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write nonc.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish earcfully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follo	th and related rauses ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ADD 05 1002	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	- 0001
1PLACE OF DEATH	STATE OF MARYLAND
County Anne Arundel	CERTIFICATE OF DEATH
V	Registration Dist. No. 2
Village or City Crownsville (No. HATTIE PARKER	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female black 5 single, single widowed, or Divorced (Write the word)	March 23rd , 192.3 1 (Month) (Day) (Year)
unknown , 1895 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from April 2nd 1929 to March 23rd 1921, that I last saw her alive on March 23 19231,
36 yrs. unknown ds. or min.?	and that death occurred on the date stated above, at 4:30A m. The CAUSE OF DEATH * was as follows: Chronic Interstitial Nephritis
(a) Trade, profession or particular kind of work Domestic (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) . yrs. 8 mos ds.
BIRTHPLACE (State or country) Virginia	Contributory Exhaustion due to mental Secondary al Sease Louring 1 yes. 6 mos. ds.
10 NAME OF Jerry Parker	(Signed) M. D. Mar 33 19231 (Address) Crownsville Md.
OF FATHER UNKNOWN (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Sarah Parker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER UNKNOWN (State or Country)	At place 1 yrs. 11 mos. 21 ds. In the 800ut 30 yrs. State yrs. mos. de.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Hospital Records	Former or usual residence Baltimore City, Maryland 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Grownsville, Maryland	Hosph Cemelar 3/25-, 134

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 16

Registrar

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housenaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never feturn "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know eupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerthat fact may be indicated thus; Furmer (rewithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-6 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: *Cerebrospiual fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* avoid use of "Croup"); *Diphtheria* fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

lelanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopucumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Examples: A ceidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular etc. The Nomenclature Always qualify all heart contributory not be disease;

'If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Diat. No.
Village or City Clussapolis (No25 Soul	Gligale Clae St.: 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Mayle 2 (Month) (Rubay) (Year)
6 DATE OF BIRTH Aug. 26, 1833 (Month) (Day) (Year)	that I iast saw her alive on wards 2, 1924,
7 AGE 98 yrs.	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: When Scherker - Causher Varular berser
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 3 yrs. mos. de.
9 BIRTHPLACE (State or country) Wilmore Penne,	Contributory Secondary (Duration) LO yes mos ds.
FATHER Herry Weaver	Wash 2 1991 (Address) Uneaples all
11 BIRTHPLACE OF FATHER (State or country) Welmore Perse. 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Catherine Flenner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Address) Crassapola 244	
15 Filed march 3 1923/ Joseph C. Joseph Megistrar	John DERTAKER Vayler Chrospolis
If more bianks are needed, address State Registra	ar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Furmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-.""(Deal-Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same appending the fewer (the only definite synonym is "Epidemic capebrospinal meningitis"); Diphtheria (avoid use of Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature elanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the csrtificate is permanently filed.

BUREAU

V

PLACE	OF DI	EATH		
			M 1.	
unty.	me	100	rude	
unty.			Balawaaan aa a stariiy haddala	
	1	10	2.4	

02863 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Milliserlle (No.	St.: Ward) Rawling (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended the deceased from
6 DATE OF BIRTH	192 to , 192,
Oct 8. 1848	that I last saw h selive on 198
(Month) (Day) (Year)	and that death occurred on the date stated above, at. 6
7 AGE 86 yrs. 4 23 If LESS than 1 dayhrs. compared to the state of the state	The SAUSE OF DEATH of was as follows:
8 OCCUPATION (a) Trade, profession or House Kupen	
(b) General nature of industry business, or establishment in which employed or (employer). BIRTH PLACE (State or country) Mary land	Contributory Secondary Duration)
10 NAME OF James 7 Rawlings 11 BIRTHPIACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of Mother Wary Jane Woodward	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country) Stary Land	At place of death yrs. mos. da. In the State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) alie L. Welsh	Former or usual residence
(Address) Millersville Md	Galdwin Mun Cemelan 3-5, 1881.
Filed 27/3/ 1923/. 800 /07/4	20-UNDERTAKER ADDRESS

16 more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persous enployed, as At achool or At home. Care should be taken work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; a: ditional line is provided for the latter statement; it Whatever, write None. fired 6 gh's.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been chauged definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Parm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescapation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-The material

Ease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia")

quences (e. g., sepsis, totanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," couditious, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drozening; Struck by railway as probably such, if impossible to determine definitely. State cause "PUERPERAL septicacmia." "PUERPERAL peritonitis," "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-(secondary or intercurrent) affection need not be Whooping cough; For "contributory." "Debility" ("Cougenital," "Senile," etc.) VIOLENT DEATHS STATE MEANS OF INJURY for which surgical operation was under-Chronic valvular heart (Recommendations on state-Example: Mcasles (disease Measles; disease; (mcrely (second-."Соп-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

15

Filed Mar 10th 198

PHYSI-

1 PLACE OF DEATH	02864 STATE OF MARYLAND
County A. A. Coo	CERTIFICATE OF DEATH
Fillage or City Patry aut (No.	Registration Dist. No. 22
2 FULL NAME Ida Mary Rider	St; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White STATE, MARKIED, WHO WED OR IVORCED (With the word)	March (Day) , 1:3/
April 20 1869	7el 19 1931, to Mcl 10 , 193 / that I last saw her alive on Mcl 10 , 193 /
(Month) (Day) (Year) AGE If LESS than day hrs. day hrs. or min.	The CAUSE OF DEATH of was as follows: Acute Indigestion, Julvular
(a) Trade, profession of House Work	heart trouble for Promure
(b) General nature of industry business, or establishment in thome duties thich employed or (employer).	Contributory
State or country) Pennsylvaina	Memuona (Duration)
10 NAME OF Samuel 7 inkel	(Signed) James Ho Trutt M. [Web 10 1931 (Address) Glenhale Md.
11 BIRTHPLACE OF FATHER (State or country) Permaylanua 12 MAIDEN NAME	*State the Discuse Calsing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Housieldal
OF MOTHER Margaret Slemm	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Feedents)
OF MOTHER (State or country) Trunylvanue THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs inos. da. State,yrsmos. de Where was disease contracted,
(Informani) A. D. Riden	if not at place of death?
Oderstone land	19 PLACE OF BURIAL OR REMOVAS. LE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

20 UXDER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite anlary), may be entered as Housewife, Househousehold only (not paid Househeeper's who receive a en at home, laborer, Ferm laborer, Laborer-Ceal mine, etc. er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner; (b) Cotton mill; (a) Salcaman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But in many fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation Precise statement of ocapplies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully emwho are engaged in the duties of the Wom-

Statement of Cause of Death—Name, first, the push base causing death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosomal fever (the only definite synonym is "Epidemic cerebrosopinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (R commendations on statequences Poisoned by carbol'e acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as Examples: taken. For violent pharms state Means of injury State cause for which surgical operation was under "Puerperal septicaem's," "Puerp: Ral perilonitis," can be ascertained as the cause. "Uracmia," "Weaknes," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," conditions, such as "Asthenia." "Anaemia" "Dropsy," "Exhaustion," "Heart failure." vulsions," "Debility" ("Congenital," "Scnile," etc.), symptomatic), "Atrophy," "Collapse," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignaut neoplasms); uuqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; inges, peritonacum, etc., (uame origin; "Cancer" is less definite; avoid of the injury, as fracture of skull, and conse-(e. g., sepsis, tetanus) may be stated under the Accidental drowning; Never report mere symptoms or terminal Chronic valvular heart discase; Carcinoma, Sarcoma, etc., of Example: Meastes Struck by railway Always qualify all The contributory "Coma," "Haemor-Measles; (merely (second-(discase

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence, All the data is essential and must be obtained before the certificate is permanently filed.

02865 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred inWard) class a hospital or institution, give its NAME in-stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. OR DIVORCED (Month)(Dsy) (Year) may (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) If LESS than and that death occurred on the date stated above, at 7 AGE I day hrs. The CAUSE OF DEATH * or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary MARGIN (State or country) (Duration) 10 NAME OF (Signed). FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, In deaths from OF FATHER Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. RENT (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death... OF MOTHER (State or Country) Where was disease contracted. if not at place of death?.... Every III CIANS stateme If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewije, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUKY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED LERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precion and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servand, Cook, Housenwild, etc. If the occupation has been changed household only (not paid Housekoepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer tired 6 yrs). ployed, as At school, or At home. Care should be taken worked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report Foreman, or At Home, and children, not gainfully cm-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salcsman. specifically the occupations of persons en-(b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The materia (6) Grocery;

Typhoid fever (never report "Typhoid Pneumonia") spinal meningitis"); Diphtheria avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed tern for the same disease. Examples: Cerebrospinul to time and causation), using always the same accept; EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid-probably suicide. The n ture of the injury, inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." stated unless important. Example: Mcasles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; l'oisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart etc. The contributory discase;

answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions obtained before the certificate is

permanently filed

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FLACE OF DEATH	UGOO STATE OF MARTLAND
County 4. 41	CERTIFICATE OF DEATH
A A1	Registration Dist. No. 2/
Village or City Weems Creek (No	St.: Ward) (If death occurred in a hospitel or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married. Marked Whole White (Write the word)	16 DATE OF DEATH Punch (Month) (Day) (Year)
6 DATE OF BIRTH Dec 28 4 , 1856 (Month) (Day) (Year)	that I last saw h alive on ward 17 1923/
7 AGE 1 If LESS than I day hrs. 2 mos. /8 ds. or min.?	and that death occurred on the date stated above, at 12
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 2 yre mos de
9 BIRTHPLACE (State or country) Chunapolis 244.	Contributory Secondary (Durstion) 3 yrs mos ds
FATHER Daniel M. Sprogle	(Signed) M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
OF FATHER (State or country) Waryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Catherine Welch	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary Cand	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Informant) Mes Daniel Hurgle (Address) Weems Creek a. 96, 244	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STANDARD, 193/
File march 19 19231 fresh C. fresistrar	John My Vayler Compoli
16 mars hanks are maded address State Registra	r. 16 W. Saratova St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Housemaid, etc. If the occupation has been ch ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Solesman. cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile foctory. The material If the occupation has been changed (6) Grocery; Cook

Statement of Cause of Death—Name, first, the Desermination of Cause of Death—Name, first, the Desermination of Cause of Death—Name, first, the Desermination of Causation, using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid uso of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death Oletonus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-"Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. The contributory valvular heart disease; not be

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1931

V. S. No.

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\$ to \$	PLACE OF	DE
THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU	County Anne A	r

Annapolis Md

PLACE OF DEATH	02868 STATE	OF MARYLAND
County Anne Arundel	(4.0)	OF MARYLAND CATE OF DEATH
County		ration Dist. No. 5
Village or City Annapolis (No. U.S 2FULL NAME SUNKEL, Jacob Herman	Naval Academy _{st.}	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
Male White SINGLE, MARRIED, WIDOWED, OR DIVORCEDSINGLE (Write the word)	16 DATE OF DEATH March March (Month	14th , 1931 h) 14 (Day) 1931(Year)
April 23, 1912	17 I HEREBY CERTIFY, The	March 14 , 193 !
(Month) (Day) (Year)	that I last saw h Mu alive on 7	narch 14th, 1931
18 yrs. 11 mos. 11ds. or min.?	and that death occurred on the date The CAUSE OF DEATH * was as folio	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 0 yes 0 mos 5 d
9 BIRTHPLACE (State or country) Ohio.	Secondary	n) 5 yrs 0 mos 1 d
father Jacob H. Sunkel	(Signed) Z. R. Newhous	S.n. Hospital M. I. Cernapolio Ned.
OF FATHER Z (State or country)	*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
T 12 MAIDEN NAME	16 LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrs	In the State yrs mos d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	Maral academ
(Informant) Worsel Hospital Beard	Former or usual residence. Ohs	<u> </u>
(Address) (mopolition)	29 PLACE OF BURIAL OR REMOVAL	Mar 14 36
15 9 1 20	30 UNDERTAKER	ADDRESS

B. L. Hopping

Rogistrar

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Furnier tre-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cattan mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Lacomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. household only (not paid Housekeepers who receive a ." etc., report specifically the occupations of persons en-Fareman, For many occupations a single word or term on or At Hame, and children, especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the not gainfully em-(3) Grocery;

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*crebrayinal fever (the only definite synonym is "Epidemic cerebrases spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchapneumonia ("Pneumonia,")

Recommendations on statement of cause of telianus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septionomia," "PUERPERAL perilonitis," etc. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature carbolic acid-prabably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisaned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar) inges, peritanaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis of lungs, menas fracture of skull, and consequences (e.g., sepsis taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drawning; Struck by railway troin "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need Chronic etc. The contributory valvular heart disease; not be

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BUI

FOR BINDING

MARGIN RESERVED

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	02869
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Village or City. Standard Man. No. No. No. No. No. No. No. ON. ON	1. PLACE OF DEATH		949
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. YES. Mon. d. How long in U. S. if of foreign birth? YES. Mon. d. How long in U. S. if of foreign birth? YES. Mon. d. How long in U. S. if of foreign birth? YES. Mon. d. How long in U. S. if of foreign birth? YES. Mon. d. How long in U. S. if of foreign birth? YES. Ward. Long light of the Word of the Wo	County anne	arundel	Registration Dist. No. 30
2. FULL NAME (a) Residence: No. (Clustoplace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (erric the word) 5. J. It married, videoved, or divorced (or) WIFE of Hank Jallott 6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Days II LESS than 1 day, hrs. J. SAT (male, profession, or particular short of word word one) South of work done as SINNER, SATING STANKER, WILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and year) 11. D. Date decased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Class or country) Manuel 13. NAME 14. BIRTHPLACE (city or town). Class or country) Manuel 15. MAIDEN NAME PACALL BOYLOGE 16. Date of country) Manuel 17. INFORMANT (Address) 18. BURNAL CREMITOR) OR REMDVAL Place Place Address 19. Male Address MEDICAL CERTIFICATE OF DEATH 19. A COLOR DEATH 19. A COLOR DEATH (Month) (Month) (Bay) (Want) 19. A CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY. That I attended decessed from (Month) (Bay) (Month) (Bay) (Want) (Month) (Bay) (Want) (Bay) (Want) (Month) (Bay) (Want) (Month) (Bay) (Want) (Month) (Bay) (Want)	Village or City Busi		f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Clusualpiace of abode)	Length of residence in city or town where de	ath occurredyrs,mos	ds. How long in U.S. if of foreign birth?mosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DIVORCED Contrible word) 4. Was the state of DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from the year of the state stated above, at. 8. Trade, profession, or particular sind of work done as SPINNER, SAVIER, BORNERER, etc. 9. Industry or business in which shall. 8. Trade, profession, or particular sind of work done as SPINNER, SAVIER, BORNERER, etc. 9. Industry or business in which shall. 8. It rade, profession, or particular sind of work done as SPINNER, SAVIER, BORNERER, etc. 9. Industry or business in which shall. 8. It rade, profession, or particular sind of work done as SPINNER, SAVIER, BORNERER, etc. 9. Industry or business in which shall. 8. It rade, profession, or particular sind of work done as SPINNER, SAVIER, BORNERER, etc. 9. Industry or business in which shall. 8. It rade, profession, or particular sind of work done as SPINNER, SAVIER, BORNERER, etc. 9. Industry or business in which shall. 8. It rade, profession, or particular sind of work done as SPINNER, SAVIER, BORNERER, etc. 9. Industry or business in which shall. 8. It rade, profession, or particular sind of work done as SPINNER, SAVIER, BORNERER, etc. 9. Industry or business in which shall sh	2. FULL NAME Etta	Precella La	llott-
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. Married, widowed, or divorced HUSBAND or (OR) WIEL of (OR) WIEL or (OR) WIEL	(a) Residence: No.	Werking Med (Usual place of abode)	
So. 2t married, widowed, or divorced Useries the word) So. 2t married, widowed, or divorced Useries and State of the State of Control of the State of Control of State or country) So. 2t married, widowed, or divorced Useries the word) So. 2t married, widowed, or divorced user of importance were as tollows: Were as tollows: So. 2t married, widowed, or divorced user of importance were as tollows: So. 2t married, widowed, or divorced user of importance were as tollows: So. 2t married, widowed, or divorced user of importance were as tollows: So. 2t married, widowed, or divorced user of importance were as tollows: So. 2t married, widowed, or divorced or the date stated above, at married to have occurred or the date stated above, at married to have on married to have on married to have on married to h	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NUSBAND of COT WIFE of Plank Jollath 1980 1880 1880 1880 1980 1880 1980 1880 1980 188	Hugh white	OR DIVORCED (write the word)	march 19 ,193 +
6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular kind of work done, as SPINER, SAWYER, BDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) span in this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION OR REMDVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Date of month as a stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Date of undertaked causes of importance were as follows: 11. Total time (years) span in this occupation. Dither Centributery Causes of importance: 12. BIRTHPLACE (city or town). (State or country) Name of operation. Name of operation. Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Name of injury. Name of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	HUSBAND of	Zallott	
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8. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this occupation (month and spant in this occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION OR REMBUAL Place 19. UNDERTAKER 19. Was therean and State) Date 19. UNDERTAKER 19. Was disease or injury in any way related to occupation of deceased? 19. Was disease or injury in any way related to occupation of deceased? 19. Was disease or injury in any way related to occupation of deceased?		9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
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12. BIRTHPLACE (city or town) (State or country) 13. NAME David Carcard	10. Date deceased last worked at this occupation (month and	spent in this	
13. NAME David Careaud 14. BIRTHPLACE (city or town) Calvert Voiceta Name of operation Name of operation Date of		I county	Mrsyrearditis
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Priscilla Bosialle 16. BIRTHPLACE (city or town) Columb County (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMDVAL Place Date Mary 1971 Place Date Mary 1971 Nature of Injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? Two	13. NAME David Ca	eard.	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION OR REMDVAL Place Date 14. BIRTHPLACE (city or town) Cally (State or country)	at county		
Where did injury occur? (Specify city or town, county and State) 17. INFDRMANT (Address) 18. BURIAL, CREMATION OR REMDVAL Place Date Date Nature of Injury Nature of Injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? TWO	15. MAIDEN NAME Priscilla	Boswell	
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Place of fames of injury Nature of Injury 19. UNDERTAKER Date Max 25/2 Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? Two	***************************************	Lalbott :-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	7// 1/ 1/ 1	Date Mar 2/st 3/	
		Welch	24. Was disease or injury in any way related to occupation of deceased? 740
20. FILED. Mar 20, 1931 MR Clay to: (Signed) E mily C. Hammond M. D.		M.R. Clayton	(Signed) F mily C. Hammand M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I EIVED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed

inges, perilonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid "All this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is stated unless important. Example: Measles (disease approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injuny State cause for which surgical operation was under-Whooping cough; Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary Never report mere symptoms or terminal condior intercurrent) Chronic affection need etc. valvular Nomenclature of the The contributory Always qualify all heart disease; not be

N. B.--Every item of Information should be carefully supplied. ACE should be stated EXACRY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. FOR BINDING PERMAN A IS TH UNFADING INK--THIS MARGIN RESERVED WRITE PLAMLY,

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County a a	(95-4) CERTIFICATE OF DEATH
Mass Gelsens all all the	Registration Dist. No. 2/
Village or City Best Gale (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Vorgie / Yler	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARRIED WIDOWED (Write the word)	16 DATE OF DEATH March 5 , 192/
6 DATE OF BIRTH Jan 9, 1900	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than day. hrs. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work. House wife (b) General nature of industry business, or establishment in which employed or (employer).	acute Deletain of the feart (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Q_ a. Co. Con	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER SIMM. Frole.	March 6 1081 (Address) Questoris Jud.
State or country) a a co co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER margaret Lee	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country). Q. Q., Co., Ch.)	At place of death yrs mos ds. State yrs ds.
(Informant) margare, orle	Where was disease contracted, if not at place of death? Former or usual residence
(Address) amajorlio, ma	St man p comely man 7, 131
15 File March 7 1923 / frage C. frage Registrar	20 UN DERTAKER OPPING ADDRESS WILL
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public /

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from r work, Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, ,, etc., report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation, Farm laborer, Laborer-Coal mine, etc. Woinwithout more precise specification as Day Cotton mill; (a) Salesman, (b) Automobile factory. The material (a) the kind of work and also (b) the Architect, Locomotive engineer, not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted teor in for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicucamia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Erhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably sucide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercun be ascertained as the cause. Whooping American Medical Association.) Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular and consequences (e. g., sepsis, etc. affection need Nomenclature The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the state is essential and must be obtained before the certificate is permanently filed.

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1931

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stolionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Form loborer, without more precise specification as Doy (b) Automobile foctory. The material Loborer--Coal mine, etc. Wom-(6) Grocery;

sfinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railwoy train-(Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. affection need not be volvular heart Nomenclature Always qualify all The contributory Measles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this dertificate is looked over thoroughly and all questions

PLACE	OF	DEA	TH
ounty Am	n A	run	del



STATE OF MARYLAND

/	MARYLAND HOUSE or City Jessup, Md. (No	St.: Ward) (If death occurred in a hospital or institu-
PI	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single	16 DATE OF DEATMarch 18 - 1931 , 192
	OF BIRTH 1899 , 1	IT I HEREBY CERTIFY, That I attended the deceased from March 14 -19312 . to March 17 - 19312 that I last saw him alive on March 17 - 1931192 ,
7 AGE	If LESS than I day hrs. mos. ds. or min.?	and that death occurred on the date stated above, at 8 A.M. m. The CAUSE OF DEATH * was as follows: bronchopneumonia a
(b) Ge busines which	lar kind of work Laborer Laborer Street Paving PLACE te or country) Washington. D.C.	Contributory Secondary (Duration) yre mos 3 de. Contributory Secondary (Duration) 3 de.
F	ATHER Not known	(Signed) M. D. ar. 18-31 192 (Address) Jaseup, Me.
N T OI	F FATHER (State or country) MAIDEN NAME	*State the Disease Cousing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 B	F MOTHER NOT KNOWN INTHPLACE F MOTHER (State or Country) Not known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
	ormant) And House of Carrection (Address)	Where was disease contracted, if not at place of death? Former or 133 Henrietta St., Balto.Md. 19 PLACE OF BURIAL OR REMOVAL LIEUTIPOLICIE MELLIN, 193
Filed	Twan 18th 193 / Olege M. Hashef	20 UNDERTAKER ADDRESS PLANSLARE RANGE MAN

If more branks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

WRITE

Every it

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully em-Farnt laborer, Laborer (b) Cotton mill; (a) Salesman, (b) Grocery. without more precise specification as Day For persons who have no occupation Automobile factory. The -Coal minc, etc. Locomolive engineer; The quesmaterial Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. . Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature of the lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles; etc., of

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No.

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County Co	CERTIFICATE OF DEATH Registration Dist. No. \(\frac{3}{3}\)
Village or City Lea Burne (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	16 DATE OF DEATH , 199 ,
May 31, 188 (Moath) (Day) (Year)	that I last saw his calive on 192
7 AGE 1 Gay hrs. 1 day hrs. 1 day hrs. 1 or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country) Baltunga Marylan 10 NAME OF FATHER CMAd Wangart.	(Signed) (Signed) (Signed) (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Guncany,	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosd Where was disease contracted,
(Informant) In The BEST OF MY KNOWLEDGE (Address) Lufficur Md, 15 Filed F & Toll Spiro / Clary M	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS APRILLADOR OF BURIAL ADDRESS APRILLADOR OF BURIAL ADDRESS APRILLADOR OF BURIAL ADDRESS
If more banks are needed, addre.s tate Kegistr	ar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

112874

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emgaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed for given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Housetion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer,

Strtement of Cause of Death—Name, first, the rishease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Ineumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (discase American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the idata is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH 62875 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Village or City Ward) a hospital or institution, give its NAME in-stead of street and **2FULL NAME** number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED BINDIN (Write the word) (Month)(Day) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: RESERVED min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 90 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death _____yrs.____mos.___ (State or Country) 00 Where was disease contracted, if not at place of death?..... TO THE BEST OF MY KNOWLEDGE Former or usual residence. (Informant) DATE OF BURIAL Registrar If more branks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. Nort

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to cach and every person, irrespective of especially in industrial employments, it is neces-For many occupations a without more precise specification as Day If the occupation has been changed single word or term on

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature telahus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-inges, pertlonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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Every item of information CIANS should state CAU statement of OCCUPATIO

PAREN

(N)	PHYSI-			of DEA				
ONO	stated EXACT Y, properly classified of certificate.	Vil		Crow		<u>le State</u> P Mary Willi		
K	stated proper	PERSONAL AND STATISTICAL PARTICU						
BINDING	0 0		female	4 COLOR blac		5 SINGLE, UY MARRIED, WIDOWED, OR DIVORCED (Write the word)		
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	s to s		unknown					
₩ <	ha on			***************************************	(Month)	(Day)		
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MARGIN RESERVED FO	carefully supplied. ACE s VTH in plain terms so that in portant. See instructions	(a) Trade, profession or Unknown (b) General nature of industry business, or establishment in which employed or (employer)						
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12 MAIDEN NAME

(State or Country)

14 THE ABOVE IS TRUE TO

(Address)

(Informant)

OF MOTHER 13 BIRTHPLACE OF MOTHER

Unknown

BEST OF MY KNOWLEDGE

Crownsville, Maryland

Hospital Records

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

_St.:W	ara) a hos	eath occur pital or in give its NAI of street per.)	nstitu- ME in-

ARS	MEDICAL CERTIFICATE OF DEATH					
known	16 DATE OF DEATH March 2nd , 19231					
, 1.884 (Year) If LESS than I dayhrs, ormin.?						
***************************************	(Duration) Unknown mos ds					
	Contributory Manic depressivemente ty personne de Contributory Secondary Depressive de Contributory Manic de C					
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.					
0 0000	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)					
	At place of death					
DGE	Where was disease contracted, if not at place of death?					
S	Former or usual residence Baltimore City Mary land					
ryland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19.3.					
212	20 UNDERTAKER ADDRESS					

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

gaged state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING PEATH, Housemaid, etc. to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman. sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, in domestic service for wages, as Servant, Cook Or For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-At Home, and children, without more precise specification as Day For persons (b) Automobile If the occupation has been changed who have no occupation fuctory. The materia -Coal mine, etc. Wom-Locomoline not gainfully em-(6) persons engineer, Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the and causation), using always the same accepted teast for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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Affilerican reasonable to be contained before the conflicte is permanently filed.



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PLACE OF DEATH	STATE OF MARYLAND		
County U. Q.	CERTIFICATE OF DEATH		
	Registration Dist. No.		
Village or City Comapolis (No. 103 Che	St.: 2. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
2FULL NAME / Vaby WWW.	number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH		
6 DATE OF BIRTH Mark 20 , 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921. to March 20, 19231. that I last saw have she on the same than 1921.		
7 AGE If LESS than 1 day hrs. hrs. or min.?	and that death occurred on the date stated above, at		
(a) Trade, profession or particular kind of work			
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. 6 mos. ds.		
10 NAME OF Charles J. Wirth	(Signed) 9. Meller Martin M. D. 3/21/195/ (Address) Sunnapolia W.		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
12 MAIDEN NAME OF MOTHER Callerine dorum Cadell 13 BIRTHPLACE OF MOTHER (State or Country) Chrispolic 244.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death		
(Informant) Chas. L. Wulle	Where was disease contracted, if not at place of death? Former or usual residence		
(Address) Los Charles Ville Myd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AT Chris Cent Mail 3, 193/		
15 Filedwell 23 192/ Frayle C of com Registrar	John W. Vayler anefolis		
If more blanks are needed, address State Registra	ir, 16 W. Saratoga St., Balto./Requesting V. S. No. 1. Mid.		

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. " etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal minc, etc. Wom-(6)

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection need valvular Nomenclature Always qualify all heart disease; not be

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permanently filed.